

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SEARCH NO. 021937144 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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49						
50						
TOTAL IND.			1			
TOTAL DEP.			12			
TOTAL CLAIMS			13			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.				↓		
TOTAL DEP.			↓	↓		
TOTAL CLAIMS				↓		

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS  
**BEST AVAILABLE COPY**